

Association of Ringside Physicians Ocular Practice Guidelines for Participation in Combative Sports

1. An annual dilated eye exam by a licensed practitioner

2. Uncorrected visual acuity:

20/200 or better in each eye

3. Corrected visual acuity:

20/60 or better in each eye

4. Myopia:

Athletes participating in combative sports that are significantly myopic need to be aware that there is an increased risk of retinal detachment secondary to trauma.

5. Intraocular surgery (e.g.cataract and retinal detachment)

In the event of previous eye surgery these cases should be dealt with on an individual basis. Clearance from the ringside physician and an ophthalmologist are required.

6. Refractive surgery as below:

1. Radial Keratotomy: Trauma can induce a corneal rupture several years after RK surgery. It takes about 50% less energy to rupture a cornea on an eye that has had RK versus one that has not.

2. LASIK: LASIK surgery is associated with a recognized increased risk of corneal injury (flap dislocation) after eye trauma. Due to the recognized increase risk of corneal injury in combative sports, combatants are discouraged from undergoing elective LASIK surgery. Athletes that participate in boxing or MMA should be made aware of the potential complications if they decide to participate in combat sports.

3. PRK: PRK surgery does not appear to reduce corneal strength.

Athletes participating in combative sports who elect to have refractive surgery need to be made aware of the risks associated and potential complications of these procedures. Non incisional refractive surgery such as PRK is preferred over incisional refractive surgery such as LASIK or RK.

7. Absence of "major ocular disease"

(glaucoma, macular abnormalities, major lens abnormalities, dangerous peripheral retinal lesions)

8. Soft contact lenses are permitted:

Processes for dealing with a dislodged contact lens during a fight is at the discretion of the commission

9. Monocular Vision

Athletes with only one functioning eye should not be allowed to compete.

Qualifying Statements

These guidelines are recommendations designed to assist the practitioner as well as state and tribal athletic commissions in making decisions. These recommendations may be adopted, modified, or rejected according to the clinical needs and constraints and are not intended to replace local commission policies. In addition Practice Guidelines developed by the Association of Ringside Physicians (ARP) are not intended as standards or absolute requirements, and their use cannot guarantee any specific outcome. Practice Guidelines are subject to revision as warranted by the evolution of medical knowledge, technology and practice. They provide basic recommendations that are supported by synthesis and analysis of the current literature, expert and practitioner opinion, commentary and clinical feasibility.